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CONFIRMATION NO. 5784

Bib Data Sheet

SERIAL NUMBER 10/521,167	FILING OR 371(c) DATE 03/07/2005 RULE	CLASS 514	GROUP ART UNIT 1649	ATTORNEY DOCKET NO. DC-0301
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## APPLICANTS

Joyce A. DeLeo, Lebanon, NH;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/US03/24148 07/31/2003 which claims benefit of 60/400,243 07/31/2002 and claims benefit of 60/425,966 11/13/2002 \*

(\*)Data provided by applicant is not consistent with PTO records.

XAB 1/10/07

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE 1/10/07 KAB

## \*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NH	SHEETS DRAWING 0	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>K. Ballard</u> Examiner's Signature	<u>KAB</u> Initials			

## ADDRESS

26259

## TITLE

Method of preventing or treating pain

FILING FEE RECEIVED 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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